

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	POLYAXIAL BONE SCREW
Attorney Docket Number::	101896-0180
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	11
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Middle Name::	D.
Family Name::	Konieczynski
City of Residence::	Needham
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	107 Ellicott Street
City of mailing address::	Needham
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02492

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: V.  
Family Name:: Doherty  
City of Residence:: Bellingham  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 20 Chamberlain Road  
City of mailing address:: Bellingham  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02019

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Dale  
Family Name:: Whipple  
City of Residence:: East Taunton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 91 Tania Drive  
City of mailing address:: East Taunton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02718

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Niall

Family Name:: Casey  
City of Residence:: Boston  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 17 South Russell Street  
City of mailing address:: Boston  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02114

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Family Name:: Hall  
City of Residence:: Bridgewater  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 16 Brownfield Drive  
City of mailing address:: Bridgewater  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02324

#### **Correspondence Information**

Correspondence Customer Number:: 021125

#### **Representative Information**

Representative Customer Number:: 021125